

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22 - SAVE APP-BASED JOBS & SERVICES: A COALITION OF ON-DEMAND DRIVERS AND PLATFORMS, SMALL BUSINESSES, PUBLIC SAFETY AND COMMUNITY <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">AREA CODE/PHONE NUMBER (415)389-6800</td> <td style="width:50%;">I.D. NUMBER (if applicable) 1422181</td> </tr> </table> <hr/> STREET ADDRESS  <hr/> <table style="width:100%;"> <tr> <td style="width:33%;">CITY SAN RAFAEL</td> <td style="width:33%;">STATE CA</td> <td style="width:33%;">ZIP CODE 94901</td> </tr> </table>			AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>Date of This Filing</b> <u>10/23/2020</u>  <b>Report No.</b> <u>LCR #2208</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> <u>3</u>	Date Stamp   Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                         CALIFORNIA FORM 497                     </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181									
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901								

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/22/2020	DOORDASH, INC. San Francisco, CA 94103  Memo Reference: NON:S497:1407	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,040.00
10/22/2020	DOORDASH, INC. San Francisco, CA 94103  Memo Reference: NON:S497:1408	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,198.98
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22 - SAVE APP-BASED JOBS & SERVICES: A COALITION OF ON-DEMAND DRIVERS AND PLATFORMS, SMALL BUSINESSES, PUBLIC SAFETY AND COMMUNITY			<b>Date of This Filing</b> 10/23/2020	Date Stamp   Page 2 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181		<b>Report No.</b> LCR #2208		
STREET ADDRESS			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>No. of Pages</b> 3		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:1408  
NON-MONETARY CONTRIBUTION

---

Memo Reference: NON:S497:1407  
NON-MONETARY CONTRIBUTION

---

---

---

---